

Application No.: 10/600,990
Reply to Office Action of July 31, 2007

Patent
Attorney Docket No.: CU-3263

II. REMARKS / ARGUMENTS

A. Summary of Amendments

The Application now contains 33 claims.

Claims 1-48 and 66-76 remain cancelled.

Claims 49-65 and 77-96 are pending.

Claims 62-65 have been newly cancelled without prejudice or disclaimer. These claims were cancelled in order to move the present application forward. The Applicant reserves the right to pursue the subject matter of these claims at a later date.

Claims 50, 51, 53, 54, 56-61, 78-85, 87-89, 92 and 94 remain unchanged by the present amendment.

Claims 49, 52, 55, 77, 86, 90, 91 and 93 have been amended to clarify the subject matter being claimed and to correct minor informalities detected by the applicant. Claim 86 has also been amended to correct an informality detected by the Examiner.

Claims 95-96 are new. Support for the subject matter of these claims can be found in the specification as originally filed, in particular on p. 17 of the description and in Figure 3. The commissioner is authorized to charge our deposit account number 12-0400 to cover the cost of these 2 new claims, which is believed to be \$260 (\$210 for two excess independent claims, and \$50 for two excess total claims).

It is believed no new matter has been added to the present application under the current amendment.

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B. Summary of Objection and Response

On page 2 of the Office Action, the Examiner has identified what appears to be a typographical error in claim 86. Claim 86 has been corrected as suggested by the Examiner. Withdrawal of the objection to claims 86-90 is respectfully requested.

C. Summary of Rejection under 35 USC §112 and Response

In the Office Action, claims 62-65 stand rejected under 35 USC §112, first paragraph, as allegedly failing to comply with the written description requirement.

Without acquiescing and merely to advance prosecution, the Applicant has cancelled these claims from the present application without prejudice or disclaimer, and as such the rejection of these claims is rendered moot.

D. Summary of Rejection under 35 USC §102 and §103 and Response

In the Office Action, the Examiner rejected claims 49-53, 56, 62-65, 77, 78, 81, 85-88, 91 and 92 under 35 USC §102(b) as being anticipated by U.S. Patent No. 5,609,156 (hereinafter referred to as Keith et al.).

In the Office Action, the Examiner rejected claims 54, 55, 79 and 80 under 35 USC §103(a) as being unpatentable over Keith et al. in view of U.S. Patent No. 6,470,320 (hereinafter referred to as Hildebrand et al.).

In the Office Action, the Examiner rejected claims 57, 58, 82, 83, 89, 90, 93 and 94 under 35 USC §103(a) as being unpatentable over Keith et al. in view of U.S. Patent No. 4,976,692 (hereinafter referred to as Atad).

In the Office Action, the Examiner rejected claims 59 and 60 stand rejected under 35 USC §103(a) as being unpatentable over Keith et al. in view of U.S. Patent No. 5,636,870 (hereinafter referred to as Enhorning).

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In the Office Action, the Examiner also rejected claims 61 and 84 stand rejected under 35 USC §103(a) as being unpatentable over Keith et al. in view of U.S. Patent No. 5,609,156 (hereinafter referred to as Harrison et al.).

With regards to claims 62-65, the Applicant respectfully submits that these claims have been cancelled from the present application without prejudice or disclaimer, thereby rendering moot the rejections pertaining to these claims.

In response to the Examiner's rejection, the Applicant has amended independent claims 49, 77, 86 and 91 to more clearly describe the invention for which protection is being sought.

The Applicant respectfully submits that the subject matter of claims 49-65 and 77-94, as amended, is neither anticipated nor rendered obvious by the cited prior art for the reasons discussed below.

The Applicant also submits that newly added claims 95-96 are neither anticipated nor rendered obvious by the cited prior art for the reasons discussed below.

Claim 49

For ease of reference, independent claim 49, as amended, has been reproduced herein below:

49. A process for monitoring an obstetrics patient, said process comprising:
- a) providing a user interface control operable by a user, the user interface control allowing the user to input information on a status of a health characteristic of the obstetrics patient, the status of the health characteristic being associated with a probability of a certain outcome selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis;
 - b) accessing a database in response to the user inputting information on the status of the health characteristic via the user interface control, the database mapping either one of different possible statuses of the health characteristic or different possible probabilities of the certain outcome to respective actions for reducing the probability of the certain outcome;
 - c) identifying in the database a particular action for reducing the probability of the certain outcome at least in part on a basis of the information input by the user; and
 - d) conveying data indicative of the particular action to the user via a display.

The Applicant respectfully submits that the reference cited by the Examiner does not disclose, teach or suggest the subject matter of claim 49.

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The applicant submits that the invention claimed in claim 49 pertains to a process for monitoring an obstetrics patient that is able to convey to a user a particular action for reducing the likelihood that either:

- a cesarean will be required for the delivery;
- a viral fetus transfer will occur;
- a bacterial fetus transfer will occur;
- an anti-Rh immune response will occur; a
- complications related to pylectasis will occur.

This process makes use of database mapping either different possible statuses of health characteristic or different possible probabilities of a certain outcome to respective actions for reducing the probability of the certain outcome.

The above-described features are captured in the language of claim 49. In particular, the language of claim 49 requires "accessing a database [...] mapping either one of different possible statuses of the health characteristic or different possible probabilities of the certain outcome to respective actions for reducing the probability of the certain outcome" where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis. In addition, claim 49 also requires identifying in the database a particular action for reducing the probability of the certain outcome at least in part on a basis of the information input by the user, where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis.

There is nothing in Keith et al. that teaches or suggests the above-described features.

The Applicant submits that Keith et al. disclose a medical signal analyzer which:

- analyses health characteristics which are indicative of fetal acidosis, i.e. mainly the fetal heart rate [through cardiotocography (CTG) signal] and ST waveform or fetal blood pH [through analysis of fetal blood sample (FBS)];
- indicates when the fetus is compromised (undesired outcome), i.e. fetal acidosis (O₂-deprivation-related distress); and

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- suggests when to proceed with a proper action to avoid such undesired outcome (fetal acidosis), i.e. proceed with delivery through cesarean, or suggests to gather more information, i.e. proceed with an FBS (See Keith et al. Figure 13 and Col. 8, lines 26-28 and 44-60)

For ease of reference, this is further illustrated in the following Table:

Health characteristic	Action	Desired Outcome
CTG and ST waveform, fetal blood pH, or other information such as uterine activity, progress of labor and antecedent factors	delivery by cesarean, or gather more information	Avoid O ₂ -deprivation related distress (fetal acidosis)

The Applicant submits that the only outcome Keith et al. is concerned with is fetal well-being and, more specifically, fetal acidosis. Moreover, the only action Keith et al. proposes when condition of fetal acidosis is suspected is to conduct a cesarean delivery. In other words, Keith et al.'s sole concern is to detect circumstances where fetal acidosis is likely to occur and to suggest a cesarean delivery to avoid such occurrences. Keith et al. contemplates no outcome other than fetal acidosis. In addition, Keith et al. contemplates no action other than cesarean delivery.

In particular, the applicant submits that in Keith et al., the identified action where fetal acidosis is suspected (which is either do nothing/ wait / gather more information, e.g. FBS / deliver baby) in no way affects the underlying probability that a cesarean delivery will be required for delivery of the baby. Rather Keith et al. relies on various measurements (e.g. fetal heart rate) to determine when an immediate cesarean is necessary and when a cesarean can be postponed (wait 1 h, see Keith et al. Figure 13). Neither performing a cesarean nor postponing a cesarean reduces or otherwise affects the underlying likelihood that a cesarean delivery will be required for delivery of the baby. The likelihood that a cesarean delivery will be required for delivery of the baby is determined by the measurements taken by or received by the system (e.g. fetal heart rate)

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and Keith et al. conveys no action to the user for reducing the likelihood that a cesarean delivery will be required.

For greater clarity, the applicant submits that conducting a cesarean delivery affects whether or not a cesarean delivery is performed in a given case but does not affect the likelihood that a cesarean delivery will be required. The likelihood that a cesarean delivery will be required for delivery of a baby is determined based on the underlying medical condition of the obstetrics patients (mother and fetus).

In addition, Keith et al. provides no action for reducing the likelihood that:

- a viral fetus transfer will occur;
- a bacterial fetus transfer will occur;
- an anti-Rh immune response will occur; or
- complications related to pylectasis will occur.

In light of the above, the Applicant respectfully submits that Keith et al. does not disclose all the limitations of independent claim 49. As per §2131 of the MPEP, in order "to anticipate a claim, the reference must teach every element of the claim". Since Keith et al. does not teach the above-emphasized limitations of independent claim 49, the Applicant respectfully submits that this reference is insufficient to support a rejection based on anticipation. Accordingly, independent claim 49 is believed to be in allowable form over the reference cited, and the Examiner is respectfully requested to withdraw the rejection of independent claim 49.

In addition, the Applicant submits that neither one of Hildebrand et al., Atad, Enhorning and Harrison et al. teach or suggest the above-described features.

As such the applicant submits that the subject matter of claim 49, as amended, is novel and non-obvious over the cited prior art. Accordingly, the Examiner is respectfully requested to withdraw the rejection of independent claim 49.

Claims 50-61

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Claims 50-61 depend directly or indirectly from independent claim 49, and as such incorporate by reference all of the limitations contained therein, including those already shown to be absent from the cited documents. Accordingly, dependent claims 50-61 are also believed to be novel and non-obvious over the cited documents. Accordingly, the Examiner is respectfully requested to withdraw the rejection of dependent claims 50-61.

Claim 77

For ease of reference, independent claim 77, as amended, has been reproduced herein below:

77. A process for monitoring an obstetrics patient, said process comprising:
- a) providing a user interface control operable by a user, the user interface control allowing the user to input information on health characteristics of the obstetrics patient;
 - b) receiving from the user via the user interface control a measurement of a particular health characteristic of the obstetrics patient, the particular health characteristic being modifiable, the measurement of the particular health characteristic being associated with a likelihood of a certain outcome selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis;
 - c) processing the measurement received from the user to determine an action for causing the particular health characteristic to be modified such as to reduce the likelihood of the certain outcome; and
 - d) conveying data indicative of the determined action to the user via a display.

For reasons similar to those set forth above (see remarks regarding claim 49), the Applicant respectfully submits that the reference cited by the Examiner does not disclose, teach or suggest the subject matter of claim 77.

Before setting forth arguments in support of the above statement, the Applicant would like to draw to the Examiner's attention to the language of claim 77 that specifies "processing the measurement [of a particular health characteristic] [...] to determine an action for causing the particular health characteristic to be modified such as to reduce the likelihood of the certain outcome". This language does not appear in independent claim 49 argued above.

The applicant submits that the invention claimed in claim 77 pertains to a process for monitoring an obstetrics patient that is able to convey to a user an action for reducing the likelihood that either:

- a cesarean will be required for the delivery;

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- a viral fetus transfer will occur;
- a bacterial fetus transfer will occur;
- an anti-Rh immune response will occur; a
- complications related to pylectasis will occur.

This process makes use of measurements of a health characteristic received from the user to determine an action for causing the particular health characteristic to be modified such as to reduce the likelihood of the certain outcome.

The above-described features are captured in the language of claim 77. In particular, the language of claim 77 requires “processing the measurement received from the user to determine an action for causing the particular health characteristic to be modified such as to reduce the likelihood of the certain outcome” where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis.

The Applicant submits that the scope of claim 77 does not encompass the teachings of Keith et al. in any way.

As argued above in respect of claim 49, Keith et al.’s sole concern is to detect circumstances where fetal acidosis is likely to occur and to suggest a cesarean delivery to avoid such occurrences. Keith et al. contemplates no outcome other than fetal acidosis. In addition, Keith et al. contemplates no action other than cesarean delivery.

In addition, there is nothing in Keith et al. that teaches or suggests “receiving [...] a measurement of a particular health characteristic [...], the particular health characteristic being associated with a likelihood of a certain outcome” and “processing the measurement [of a particular health characteristic] [...] to determine an action for causing the particular health characteristic to be modified such as to reduce the likelihood of the certain outcome” where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis.

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Since Keith et al. do not teach all the limitations of independent claim 77, the Applicant respectfully submits that this reference is insufficient to support a rejection based on anticipation.

In addition, the Applicant submits that neither one of Hildebrand et al., Atad, Enhorning and Harrison et al. teach or suggest the above-described features.

As such the applicant submits that the subject matter of claim 77, as amended, is novel and non-obvious over the cited prior art. Accordingly, the Examiner is respectfully requested to withdraw the rejection of independent claim 77.

Claims 78-85

Claims 78-85 depend directly or indirectly from independent claim 77, and therefore incorporate by reference all the limitations contained therein. Accordingly, dependent claims 78-85 are also believed to be novel and non-obvious over the cited prior art and, as such, in condition for allowance.

Claim 86

For ease of reference, independent claim 86, as amended, has been reproduced herein below:

86. A process for monitoring an obstetrics patient during delivery of a baby, said process comprising:
- providing a user interface control operable by a user, the user interface control allowing the user to input information on a status of a health characteristic of the obstetrics patient, the status of the health characteristic being associated with a likelihood that a cesarean delivery will be required for delivery of the baby;
 - accessing a database in response to the user inputting information on the status of the health characteristic via the user interface control, the database mapping different possible statuses of the health characteristic to at least one action for reducing the likelihood that a cesarean delivery will be required for delivery of the baby;
 - identifying in the database a particular action for reducing the likelihood that a cesarean delivery will be required for delivery of the baby at least in part on a basis of the information input by the user; and
 - conveying data indicative of the particular action to the user via a display.

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The Applicant respectfully submits that the references cited by the Examiner do not disclose, teach or suggest the subject matter of independent claim 86. Without limiting the generality of the foregoing, the Applicant submits that none of the references cited teach or suggest the above emphasized limitations of claim 86.

The applicant submits that the invention claimed in claim 86 pertains to a process for monitoring an obstetrics patient during delivery of a baby that includes conveying to a user a particular action for reducing the likelihood that a cesarean will be required for the delivery. This process makes use of database mapping either different possible statuses of health characteristic to at least one action for reducing the likelihood that a cesarean will be required for the delivery.

The Applicant submits that the scope of claim 86 does not encompass the teachings of Keith et al. in any way.

As argued above in respect of claim 49, Keith et al. is concerned with detecting circumstances where fetal acidosis is likely to occur and to suggest a cesarean delivery when such occurrences are suspected. Keith et al. contemplates no outcome other than fetal acidosis. In addition, Keith et al. contemplates no action other than cesarean delivery.

On page 2 of the Office Action, the Examiner argues that the health characteristics are inherently associated with a probability of conducting a cesarean delivery and the identified action will somehow affect the probability of cesarean delivery.

The Applicant would like to point out to the Examiner that, in the present response, the language of claim 86 has been amended to clarify the intended scope of the claim by specifying that the particular action identified in the database is for reducing the likelihood that a cesarean delivery will be required for delivery of the baby.

In Keith et al., the identified action (which is either do nothing/ wait / gather more information e.g. through FBS / deliver baby) does not affect the underlying probability that a cesarean delivery will be required for delivery of the baby. Rather Keith et al. relies on various measurements (e.g. fetal heart rate) to determine when an immediate cesarean is necessary and

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when a cesarean can be postponed (wait 1 h, see Keith et al. Figure 13). Neither performing a cesarean nor postponing a cesarean reduces or otherwise affects the underlying likelihood that a cesarean delivery will be required for delivery of the baby. Rather the likelihood that a cesarean delivery will be required for delivery of the baby is determined in Keith et al. by the measurements taken by or received by the system (e.g. fetal heart rate) and Keith et al. provides no action for reducing the likelihood that a cesarean delivery will be required.

For greater clarity, the applicant submits that conducting a cesarean delivery affects whether or not a cesarean delivery is performed in a given case but does not affect the likelihood that a cesarean delivery will be required. The likelihood that a cesarean delivery will be required for delivery of a baby is determined based on the underlying medical condition of the obstetrics patients (mother and fetus).

It is submitted that Keith et al. do not teach the above-emphasized limitations of independent claim 86. Therefore, the Applicant respectfully submits that this reference is insufficient to support a rejection based on anticipation.

In addition, the Applicant submits that neither one of Hildebrand et al., Atad, Enhorning and Harrison et al. teach or suggest the above-described features.

Accordingly, independent claim 86 is believed to be in allowable form over the reference cited, and the Examiner is respectfully requested to withdraw the rejection of independent claim 86.

Claim 87-90

Claims 87-90 depend directly or indirectly from independent claim 86, and therefore incorporate by reference all of the limitations contained therein. Accordingly, dependent claims 87-90 are also believed to be novel and non-obvious over the cited prior art and, as such, are in condition for allowance.

Claim 91

For ease of reference, independent claim 91, as amended, has been reproduced herein below:

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- 9). A process for monitoring an obstetrics patient, said process comprising:
- a) providing a user interface control operable by a user, the user interface control allowing the user to input information on a status of a health characteristic of the obstetrics patient, the status of the health characteristic being associated with a probability of a certain outcome selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis;
 - b) providing a database, the database mapping different statuses of the health characteristic to a respective entry in the database that contains at least one action for modifying the health characteristic for reducing the probability of the certain outcome;
 - c) accessing the database in response to the user inputting information on the status of the health characteristic for identifying in the database an entry corresponding to the status of the health characteristic input by the user;
 - d) identifying in the corresponding entry at least one action for modifying the status of the health characteristic for reducing the probability of the certain outcome; and
 - e) conveying data indicative of the at least one action to the user via a display.

The Applicant respectfully submits that the reference cited by the Examiner does not disclose, teach or suggest the subject matter of claim 91.

The Applicant submits that the invention claimed in claim 91 pertains to a process for monitoring an obstetrics patient that is able to convey to a user a particular action for modifying the status of a health characteristic such as to reduce the likelihood that either:

- a cesarean will be required for the delivery;
- a viral fetus transfer will occur;
- a bacterial fetus transfer will occur;
- an anti-Rh immune response will occur; or
- complications related to pylectasis will occur.

This process makes use of database mapping different statuses of the health characteristic to at least one action for modifying the health characteristic for reducing the probability of the certain outcome.

The above-described features are captured in the language of claim 91. In particular, the language of claim 91 requires "providing a database [...] mapping different statuses of the health characteristic to a respective entry in the database that contains at least one action for modifying the health characteristic for reducing the probability of the certain outcome"; "accessing the database [...] for identifying in the database an entry corresponding to the status of the health characteristic input by the user;" and "identifying in the corresponding entry at least one action

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for modifying the status of the health characteristic for reducing the probability of the certain outcome”, where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis.

The Applicant submits that the scope of claim 49 does not encompass the teachings of Keith et al. in any way.

As argued above in respect of claim 49, Keith et al.’s sole concern is to detect circumstances where fetal acidosis is likely to occur and to suggest a cesarean delivery to avoid such occurrences. Keith et al. contemplates no outcome other than fetal acidosis. In addition, Keith et al. contemplates no action other than cesarean delivery.

In addition, there is nothing in Keith et al. that teaches or suggests “accessing the database in response to the user inputting information on the status of the health characteristic for identifying in the database an entry corresponding to the status of the health characteristic input by the user;” and “identifying in the corresponding entry at least one action for modifying the status of the health characteristic for reducing the probability of the certain outcome”, where the certain outcome is selected from the group consisting of a cesarean, viral fetus transfer, bacterial fetus transfer, anti-Rh immune response, and complications related to pylectasis.

Since Keith et al. do not teach all the limitations of independent claim 91, the Applicant respectfully submits that this reference is insufficient to support a rejection based on anticipation.

In addition, the Applicant submits that neither one of Hildebrand et al., Atad, Enhorning and Harrison et al. teach or suggest the above-described features.

As such the Applicant submits that the subject matter of claim 91, as amended, is novel and non-obvious over the cited prior art. Accordingly, the Examiner is respectfully requested to withdraw the rejection of independent claim 91.

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Claims 92-94

Claims 92-94 depend directly from independent claim 91, and therefore incorporate by reference all of the limitations contained therein. Accordingly, dependent claims 92-94 are also believed to be novel and non-obvious over the cited prior art and, as such, in condition for allowance.

Claim 95

For ease of reference, new independent claim 95 has been reproduced herein below:

95. A process for monitoring an obstetrics patient during delivery of a baby, said process comprising:
- a) providing a user interface control operable by a user, the user interface control allowing the user to input information on a status of a health characteristic of the obstetrics patient;
 - b) processing the information on the status of the health characteristic to derive a likelihood that a cesarean delivery will be required for delivery of the baby;
 - c) processing the information on the status of the health characteristic to derive a particular action for reducing the likelihood derived at step b) that a cesarean delivery will be required for delivery of the baby;
 - d) displaying on a display screen:
 - i. first data conveying the likelihood that a cesarean delivery will be required for delivery of the baby; and
 - ii. second data conveying the particular action for reducing the likelihood that a cesarean delivery will be required for delivery of the baby.

The Applicant respectfully submits that the reference cited by the Examiner does not disclose, teach or suggest the subject matter of claim 95.

Before setting forth arguments in support of the above statement, the Applicant would like to draw to the Examiner's attention that the language of claim 95 emphasized above. This language is different than that of independent claim 86 argued above.

The Applicant submits that the invention claimed in claim 95 pertains to a process for monitoring an obstetrics patient during delivery of a baby that includes conveying to a user:

- the likelihood that a cesarean delivery will be required for delivery of the baby derived by processing information on the status of the health characteristic provided by the user; and

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- a particular action for reducing the likelihood that a cesarean will be required for the delivery.

The above-described features are captured in the language of claim 95. In particular, the language of claim 95 requires:

- b) processing the information on the status of the health characteristic to derive a likelihood that a cesarean delivery will be required for delivery of the baby;
- c) processing the information on the status of the health characteristic to derive a particular action for reducing the likelihood derived at step b) that a cesarean delivery will be required for delivery of the baby;
- d) displaying on a display screen:
 - i. first data conveying the likelihood that a cesarean delivery will be required for delivery of the baby; and
 - ii. second data conveying the particular action for reducing the likelihood that a cesarean delivery will be required for delivery of the baby.

The Applicant submits that the scope of claim 95 does not encompass the teachings of Keith et al. in any way.

As argued above in respect of claim 49, Keith et al. is concerned with detecting circumstances where fetal acidosis is likely to occur and to suggest a cesarean delivery when such occurrences are suspected. Keith et al. contemplates no outcome other than fetal acidosis. In addition, Keith et al. contemplates no action other than cesarean delivery.

As argued above in respect of claim 86, in Keith et al., the identified action (which is either do nothing/ wait / gather more information e.g. through FBS / deliver baby) in no way affects the underlying probability that a cesarean delivery will be required for delivery of the baby. Rather Keith et al. relies on various measurements (e.g. fetal heart rate) to determine when an immediate cesarean is necessary and when a cesarean can be postponed (wait 1 h, see Keith et al. Figure 13). Neither performing a cesarean nor postponing a cesarean reduces or otherwise affects the underlying likelihood that a cesarean delivery will be required for delivery of the baby. In Keith, the likelihood that a cesarean delivery will be required for delivery of the baby is determined by the measurements taken by or received by the system (e.g. fetal heart rate) and Keith et al. provides no action for reducing the likelihood that a cesarean delivery will be required.

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In light of the above, it is submitted that Keith et al. does not teach the above-emphasized limitations of independent claim 95. Therefore, the Applicant respectfully submits that this reference is insufficient to support a rejection based on anticipation.

In addition, the Applicant submits that neither one of Hildebrand et al., Atad, Enhorning and Harrison et al. teach or suggest the above-described features.

Accordingly, independent claim 95 is believed to be in allowable form over the reference cited.

Claim 96

Claim 96 depends directly from independent claim 95, and therefore incorporates by reference all of the limitations contained therein. Accordingly, dependent claim 96 is also believed to be novel and non-obvious over the cited prior art and, as such, in condition for allowance.

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III. CONCLUSION

In view of the above, it is submitted that claims 49-61 and 77-96 are in condition for allowance. Reconsideration of the rejections is requested. Allowance of claims 49-61 and 77-96 at an early date is solicited.

If the application is not considered to be in full condition for allowance, for any reason, the Applicant respectfully requests the constructive assistance and suggestions of the Examiner in drafting one or more acceptable claims pursuant to MPEP 707.07(j) or in making constructive suggestions pursuant to MPEP 706.03 so that the application can be placed in allowable condition as soon as possible and without the need for further proceedings.

Respectfully submitted,

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